## OJJ REQUEST FOR LAGOV SAP ACCESS

Employee Name:_____ Date Access Needed:_____

Position Number:_____ Personnel Number:_____

Personnel Area: ___0403____ Work Unit:_____

E-Mail Address: _____Phone:_____

Type of Access Requested:

    ___ Time Administrator / Group Number(s) _____

    ___ Financial Reports

Reason the access is needed (primary or back-up time administrator, overtime reporting, etc.):
_____
_____

If primary time administrator, who is back up?_____
If back up time administrator, who is primary?_____

Name of Requestor: _____ Job Title: _____
(Supervisor or Personnel Liaison)
Signature: _____ Date: _____

**NOTE:  It is recommended that employees complete the below Computer Based Training Courses:**

    **LaGov HCM Basic Navigation course on LEO – Date Completed_____**
    **LaGov HCM Basics of Time Administration on LEO-Date Completed_____**

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*HR Office Use Only:*

    *Date LaGov HCM Access Granted: _____ HR Representative Initials: _____*

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